

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031545

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 420

STATE FILE NUMBER

FILED AUG 28 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Joplin

Length of stay in 1b

38 Yrs

c. FULL NAME OF (If NOT in hospital, give location)

St John Hospital

Inside Limits

Yes ☒ No ☐

c. CITY

Joplin

d. STREET

1220 Crest

(If outside, give location)

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

William

M.

Stewart

4. DATE OF DEATH

Month

Day

Year

8-22-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

2-3-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineering

10b. KIND OF BUSINESS OR INDUSTRY

Engineering

11. BIRTHPLACE (City and state or country)

Frankfort, Kentucky

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Stewart

13b. MOTHER'S MAIDEN NAME

Elizabeth Moylan

14. NAME OF HUSBAND OR WIFE

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Coyne Stewart 1220 Crest, Joplin, Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cirrhosis of the liver

INTERVAL BETWEEN ONSET AND DEATH

6 months ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malnutrition and hypoproteinemia incident to above.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-27-62

to 8-22-62

and last saw him alive on 8-22-62

Death occurred at 10:03 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2509 Jackson, Joplin, Mo.

22c. DATE SIGNED

8-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-25-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt Hope Cemetery

23d. LOCATION (City, town, or county)

Webb City, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thornhill-Dillon Mortuary, Joplin, Mo

25. DATE RECD. BY LOCAL REG.

8-25-1962

26. REGISTRAR'S SIGNATURE

Novie Merriam

(Licensed Embalmer's Statement on Reverse Side)

S.W. SCORSE, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0499

20499

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95810

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11

123-0

132-0

AUG 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Cecilia Thomhill

Licensed Embalmer No. 3590

P. O. Address

Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.